



**Town of Barnstable**  
**Inspectional Services**  
**Public Health Division**

**Thomas McKean, Director**  
200 Main Street  
Hyannis, MA 02601

Office: 508-862-4644

Fax: 508-790-6304

I, \_\_\_\_\_, a licensed Disposal Works Installer in  
the Town of Barnstable, authorize \_\_\_\_\_  
to act as my agent to obtain sewage permits which I have signed for, and/or pick up  
certificates of compliance.

Installer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Telephone #: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_